

## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address COMMISSENDER FOR PATENTS PO Box 1430 Alexandria, Virginia 22313-1450 www.wopto.gov

| APPLICATION NO.  | FILING DATE                | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.    | CONFIRMATION NO. |
|--|----------------------------|----------------------|------------------------|------------------|
| 10/658,102   | 09/09/2003                 | Kelly A. Dunn        | 05408/100L619-US1      | 9954             |
| 7278<br>DARBY & DA   | 7590 03/05/200<br>ARBY P.C | 8                    | EXAM                   | IINER            |
| P.O. BOX 770<br>Church Street Station<br>New York, NY 10008-0770 |                            |                      | CLAYTOR, DEIRDRE RENEE |                  |
|  |                            |                      | ART UNIT               | PAPER NUMBER     |
| ,  |                            |                      | 1617                   |                  |
|  |                            |                      |                        |                  |
|  |                            |                      | MAIL DATE              | DELIVERY MODE    |
|  |                            |                      | 03/05/2008             | PAPER            |

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

|   | Application No.                  | Applicant(s) |  |  |  |  |
|---|----------------------------------|--------------|--|--|--|--|
| Interview Summary   | 10/658,102                       | DUNN ET AL.  |  |  |  |  |
| interview duminary  | Examiner                         | Art Unit     |  |  |  |  |
|   | Renee Claytor                    | 1617         |  |  |  |  |
| All participants (applicant, applicant's representative, PTO personnel):  |                                  |              |  |  |  |  |
| (1) <u>Hanh Do</u> .  | (3)                              |              |  |  |  |  |
| (2) <u>Jay Lessler</u> .  | (4)                              |              |  |  |  |  |
| Date of Interview: 2/25/2008.   |                                  |              |  |  |  |  |
| Type: a)⊠ Telephonic b)  Video Conference c)  Personal [copy given to: 1)  applicant 2)  applicant's representative]  |                                  |              |  |  |  |  |
| Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No. If Yes, brief description:  |                                  |              |  |  |  |  |
| Claim(s) discussed:   |                                  |              |  |  |  |  |
| Identification of prior art discussed:  |                                  |              |  |  |  |  |
| Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.  |                                  |              |  |  |  |  |
| Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <a href="Lay Lessler verified that the application is abandoned">Lay Lessler verified that the application is abandoned</a> .  |                                  |              |  |  |  |  |
| (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)  |                                  |              |  |  |  |  |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet. |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
|   |                                  |              |  |  |  |  |
| Examiner Note: You must sign this form unless it is an  | Examiner's signature, if require | red          |  |  |  |  |